

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING | Email | Phone |
|---------------------------|---------------------------|---|---|-----------------------------------|-------|-------|
| 1. Julie A. Bradley | <i>Julie A Bradley</i> | Street: 748 State St. City: Menasha Zip: 54952 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menasha | 12/8/2011 (Month) (Day) (Year) | | |
| 2. Michael Lopez | <i>Michael Lopez</i> | Street: 433 S 87th Pl City: MILWAUKEE Zip: 53214 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee | 1/8/2012 (Month) (Day) (Year) | | |
| 3. Lori Lopez | <i>Lori Lopez</i> | Street: 433 S. 87th Pl City: Milwaukee Zip: 53214 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee | 1/8/2012 (Month) (Day) (Year) | | |
| 4. Christian Moran | <i>Christian Moran</i> | Street: 5530S Obrien Ave Apt 4 City: Cudahy Zip: 53110 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cudahy | 1/8/2012 (Month) (Day) (Year) | | |
| 5. Rebecca Lopez | <i>Rebecca Lopez</i> | Street: 5530 S. Obrien Apt 4 City: Cudahy Zip: 53110 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cudahy | 1/8/2012 (Month) (Day) (Year) | | |
| 6. Kathleen Lopez | <i>Kathleen Lopez</i> | Street: 3354 E. Van Norman Ave City: Cudahy, WI. Zip: 53110 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cudahy | 1/8/2012 (Month) (Day) (Year) | | |
| 7. MARILYN NOWAKOWSKI | <i>Marilyn Nowakowski</i> | Street: 5580 S Kerkwood Ave City: Cudahy, WI Zip: 53110 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cudahy | 1/8/2012 (Month) (Day) (Year) | | |
| 8. Isidro Lopez | <i>Isidro Lopez</i> | Street: 3354 E. Van Norman Ave City: Cudahy Zip: 53110 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cudahy | 1/8/2012 (Month) (Day) (Year) | | |
| 9. Carmen Lopez | <i>Carmen Lopez</i> | Street: 3620 E. Iona Ter. City: Cudahy, WI Zip: 53110 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cudahy | 1/8/2012 (Month) (Day) (Year) | | |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) | | |

Certification of Circulator

I, Margaret Lopez-Stane, (certify): I reside at 2239 Gmeiner Rd Town of Menasha
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/11/2012
(Month) (Day) (Year)

Margaret Lopez-Stane
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|---------------------------|------------------------|---|--|------------------------------------|
| 1. HAROLD KERKERS | [Signature] | Street: 1300 CORNIE R City: GR BAY Zip: 54313 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ASHLWAUBENON | 12/7/2011 (Month) (Day) (Year) |
| 2. MARGARET KERPER | [Signature] | Street: 1300 Cornie R City: Green Bay Zip: 54313 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Ashwaubenton | 12/7/2011 (Month) (Day) (Year) |
| 3. HAROLD KERKER JR. | [Signature] | Street: 1300 CORNIE R RD. City: GREEN BAY Zip: 54313 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ASHLWAUBENON | 12/7/2011 (Month) (Day) (Year) |
| 4. ABE VOSEERS | [Signature] | Street: 14339 Oak Lane City: FREEDOM Zip: 54130 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FREEDOM | 12/7/2011 (Month) (Day) (Year) |
| 5. Carol K. Tzbo | [Signature] | Street: 506 S. Main St apt 10 City: Black Creek WI Zip: 54106 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Black Creek | 12/9/2011 (Month) (Day) (Year) |
| 6. Michael Kempf | [Signature] | Street: 872 Highland Park Rd City: Neenah Zip: WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MENASHA | 12/9/2011 (Month) (Day) (Year) |
| 7. Suzanne Kempf | [Signature] | Street: 872 Highland Park Rd City: Neenah Zip: WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MENASHA | 12/9/2011 (Month) (Day) (Year) |
| 8. MARY C. Kesop | [Signature] | Street: 730 Bronson Rd Apt H City: Seymour Zip: 54165 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SEYMOUR | 12/29/2011 (Month) (Day) (Year) |
| 9. Louis J. Brnette | [Signature] | Street: 730 BRONSON City: SEYMOUR Zip: 54165 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SEYMOUR | 1/8/2012 (Month) (Day) (Year) |
| 10. Rogene Skodinski | [Signature] | Street: 434 Henry St. Apt. 9 City: Seymour WI. Zip: 54165 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Seymour | 1/8/2012 (Month) (Day) (Year) |

Certification of Circulator

I, CHRISTINE Lemmers, (certify): I reside at W5253 County Road B Black Creek
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/1/2012
(Month) (Day) (Year)

Christine Lemmers
(Signature of Circulator)

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000902

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|---------------------------|------------------------|---|---|----------------------------------|----------------|
| 1. Ramon Skodinski | <i>Ramon Skodinski</i> | Street: 434 Henry St. Apt. 9 City: Seymour WI Zip: 54165 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Seymour | 1/8/2012 (Month) (Day) (Year) | Email Phone |
| 2. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 3. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 4. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |

Certification of Circulator

I, CHRISTINE LEMMERS, (certify): I reside at Christine Lemmers Black Creek
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

(Signature of Circulator)

W5253 County Road B

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SCOTT WALKER RECALL PETITION

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|---------------------------|-----------------------------|---|---|------------------------------------|
| 1. Margaret Lopez-Stane | <i>Margaret Lopez-Stane</i> | Street: 2239 Kmeiner Rd City: Appleton Zip: 54915 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha | 12/09/2011 (Month) (Day) (Year) |
| 2. SONNY ZENTNER | <i>Sonny Zentner</i> | Street: 2147 JAMES AVE City: ALTOONA Zip: 54720 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ALTOONA | 12/28/2011 (Month) (Day) (Year) |
| 3. LAWRENCE J. ZENTNER | <i>Lawrence J. Zentner</i> | Street: 2776 RIF ROAD City: OSHKOSH Zip: 54904 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH | 12/28/2011 (Month) (Day) (Year) |
| 4. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |

Certification of Circulator

I, Julie A. Bradley, (certify): I reside at 748 State St. City of Menasha
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 09 / 2012
(Month) (Day) (Year)

Julie A. Bradley
(Signature of Circulator)

Page No. (Use Only)
000904

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|---------------------------|------------------------|---|---|------------------------------------|
| 1. JOHN VANAMERONGEN | | Street: W3940 COUNTY RD M City: PINE RIVER Zip: 54965 | <input checked="" type="checkbox"/> Town SAXEVILLE <input type="checkbox"/> Village <input type="checkbox"/> City | 11/17/2011 (Month) (Day) (Year) |
| 2. Raquel A. Bohn | | Street: 229 N Scott St City: Wautoma Zip: 54982 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wautoma | 11/18/2011 (Month) (Day) (Year) |
| 3. Michael Syverson | | Street: 14643 28th Court City: Pine River Zip: 54965 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Leon | 11/19/2011 (Month) (Day) (Year) |
| 4. DAVID GORNY | | Street: 1929 HENRY STREET City: NEENAH Zip: WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NEENAH | 11/22/2011 (Month) (Day) (Year) |
| 5. GEORGE D. SHANKS | | Street: W4498 N. LONG LAKE RD City: WAUPACA Zip: 54981 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SAXEVILLE | 11/24/2011 (Month) (Day) (Year) |
| 6. TERRY KOHL | | Street: N1096 PLEASANT DR City: HARLEMAN Zip: 53946 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MACK FORD | 11/24/2011 (Month) (Day) (Year) |
| 7. Maggie Hunt-Wilson | | Street: W3165 Archer Ct City: Pine River Zip: 54965 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Saxeville | 11/24/2011 (Month) (Day) (Year) |
| 8. John K Wilson | | Street: W3165 Archer Ct City: Pine River Zip: 54965 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Saxeville | 11/24/2011 (Month) (Day) (Year) |
| 9. Jeffery Coenen | | Street: W3558 Apollo Ln City: Pine River WI Zip: 54965 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Saxville | 11/24/2011 (Month) (Day) (Year) |
| 10. Theresa Coenen | | Street: W3558 Apollo Ln City: Pine River WI Zip: 54965 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Saxeville | 11/24/2011 (Month) (Day) (Year) |

Certification of Circulator

I, Maureen van Amerongen, (certify): I reside at W3940 County Road M Town of Saxeville
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)
Pine River WI 54965

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)
Maureen van Amerongen
(Signature of Circulator)

Page No. (Official Use Only)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|--|------------------------|---|---|------------------------------------|
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| 1. Audra Eggum | <i>Audra Eggum</i> | Street: N5640 30th Rd. City: Pine River, WI Zip: 54965 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Saxenille | 12/06/2011 (Month) (Day) (Year) |
| 2. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 3. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 4. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |

I, Maureen vanAmerongen, (certify): I reside at W3940 County Rd M Pine River WI 54965
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)
 I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.
1 / 13 / 2012 Maureen vanAmerongen
 (Month) (Day) (Year) (Signature of Circulator)
 OK
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|---------------------------|--------------------------|---|--|--------------------------------------|----------------|
| 1. LAURIN J. BOUSHLEY | <i>Laurin J Boushley</i> | Street: 138 N. BENNETT City: APPLETON WI Zip: 54914 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City APPLETON | 1 / 5 / 2012 (Month) (Day) (Year) | Email Phone |
| 2. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 3. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 4. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |

Certification of Circulator

I, V. Carolyn Muehler, (certify): I reside at 33 South Meadows Appleton, WI 54915
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan. 1 5 2012
(Month) (Day) (Year)

Carolyn Muehler
(Signature of Circulator)

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(Official Use Only)



SCOTT WALKER RECALL PETITION

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|-----------------------------|---------------------------------|---|--|------------------------------------|----------------|
| 1. MICHAEL PATTERSON | <i>Michael Patterson</i> | Street: 1273 MANITOWOC RD City: MENASHA Zip: 54952 | <input checked="" type="checkbox"/> Town MENASHA <input type="checkbox"/> Village <input type="checkbox"/> City | 1/11/2012 (Month) (Day) (Year) | Email Phone |
| 2. Bruce Harland | <i>Bruce Harland</i> | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 3. Bruce Harland | <i>Bruce Harland</i> | Street: 59 Valerie Dr City: Appleton WI Zip: 54915 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 12/29/2011 (Month) (Day) (Year) | Email Phone |
| 4. Irene Almendarez | <i>Irene Almendarez</i> | Street: P.O. Box 82 City: Menasha Zip: 54952 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menasha | 1/11/2012 (Month) (Day) (Year) | Email Phone |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |

Certification of Circulator

I, D. Brette Brown, (certify): I reside at 602 S State & Appleton
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
 (Month) (Day) (Year)

D. Brette Brown
 (Signature of Circulator)

000008 (Official Use Only)

#

Circulator

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING | Email | Phone |
|---------------------------|----------------------------|---|--|---------------------------------------|-------|-------|
| 1. Georgiana Casey | <i>Georgiana Casey</i> | Street: 115 W. Sunset Ave City: Appleton WI Zip: 54911 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand Chute | 1 / 12 / 2012 (Month) (Day) (Year) | | |
| 2. Leon Casey | <i>Leon Casey</i> | Street: 115 W. Sunset Ave 54911 City: Appleton WI Zip: 54911 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand Chute | 1 / 12 / 2012 (Month) (Day) (Year) | | |
| 3. Amanda Gosse | <i>Amanda Gosse</i> | Street: 311 S. Kools St #5 City: Appleton, WI Zip: 54914 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand Chute | 1 / 12 / 2012 (Month) (Day) (Year) | | |
| 4. Brian Sas | <i>Brian X Sas</i> | Street: 2901 E Crestview Dr City: Appleton WI Zip: 54915 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 1 / 12 / 2012 (Month) (Day) (Year) | | |
| 5. Daniel M Mitting | <i>Dan Mitting</i> | Street: 931 Bridgewood Dr. City: Neenah Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah | 1 / 12 / 2012 (Month) (Day) (Year) | | |
| 6. Daniel L. Berg | <i>Daniel L. Berg</i> | Street: 689 S. Oakwood Rd City: Oshkosh, WI Zip: 54904 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oshkosh | 1 / 12 / 2012 (Month) (Day) (Year) | | |
| 7. Ronald W Zimmerman | <i>Ronald W. Zimmerman</i> | Street: 1810 E Memory Lane City: Appleton WI Zip: 54913 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand Chute Appleton | 1 / 12 / 2012 (Month) (Day) (Year) | | |
| 8. Robert John Hahn | <i>Robert J. Hahn</i> | Street: 440 Patrick St City: Combs, WI Zip: 54913 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Combs, WI | 1 / 12 / 2012 (Month) (Day) (Year) | | |
| 9. Julie A Thompson | <i>Julie A Thompson</i> | Street: 1238 Fawn Dr. City: Neenah, WI Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah WI | 1 / 12 / 2012 (Month) (Day) (Year) | | |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1 / 20 (Month) (Day) (Year) | | |

Certification of Circulator

I, Sean Hayes, (certify): I reside at 426 Iowa St. Sturgeon Bay, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

Sean Hayes
(Signature of Circulator)

Page No. (Official Use Only)
000909
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Circulator

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|---------------------------|-------------------------|---|--|------------------------------------|
| 1. Emily Hulke | <i>Emily Hulke</i> | Street: 3324 S. Poplar Ln. City: Appleton Zip: 54915 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 11/29/2011 (Month) (Day) (Year) |
| 2. Patrick Wallace | <i>Patrick Wallace</i> | Street: 2716 Beechwood Ct. City: Appleton Zip: 54911 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 1/08/2012 (Month) (Day) (Year) |
| 3. Andrew Kemp | <i>Andrew Kemp</i> | Street: 1742 N. Lane St. City: Appleton, WI Zip: 54911 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Appleton | 1/08/2012 (Month) (Day) (Year) |
| 4. Patrick Mitchell | <i>Patrick Mitchell</i> | Street: 72 Crestview Dr. City: Appleton WI Zip: 54915 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 1/8/2012 (Month) (Day) (Year) |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |

Certification of Circulator

I, Carla Mitchell, (certify): I reside at 72 Crestview Dr. City of Appleton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012
(Month) (Day) (Year)

Carla Mitchell
(Signature of Circulator)

Page No. (Office Use Only)
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Circulator's

Phone

Email

Car

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING | |
|---------------------------|-----------------------------|---|---|------------------------------------|----------------------|
| 1. Mary R. Derus | <i>Mary R. Derus</i> | Street: 1000 Melrose Ct City: Kaukauna, WI Zip: 54130 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna | 12/5/2011 (Month) (Day) (Year) | Email Phone (920) |
| 2. MARY S HAGUE | <i>Mary S. Hague</i> | Street: 1600 DESNOYER ST City: KAUKAUNA Zip: 54130 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna | 12/18/2011 (Month) (Day) (Year) | Email Phone (920) |
| 3. Gina Britten | <i>Gina Britten</i> | Street: 1003 Melrose Ct City: Kaukauna, WI Zip: 54130 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna | 1/09/2012 (Month) (Day) (Year) | Email Phone (920) |
| 4. DAVID BELONGER | <i>David Belonger</i> | Street: 1100 N BALLARD RD City: APPLETON Zip: 54911 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 1/10/2012 (Month) (Day) (Year) | Email Phone (920) |
| 5. Sue Van Abel | <i>Sue E Van Abel</i> | Street: 493 Co Rd CE City: Kaukauna Zip: 54130 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Holland | 1/11/2012 (Month) (Day) (Year) | Email Phone (920) |
| 6. Haley Boreson | <i>Haley Boreson</i> | Street: 471 Van St City: Kaukauna Zip: 54130 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Holland | 1/11/2012 (Month) (Day) (Year) | Email Phone (920) |
| 7. Toban Terrio | <i>Toban Terrio</i> | Street: 923 W. LAWRENCE ST. City: APPLETON Zip: 54911 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City APPLETON | 1/11/2012 (Month) (Day) (Year) | Email Phone (920) |
| 8. Chris Britten | <i>CB Britten</i> | Street: 1003 Melrose CT City: Kaukauna Zip: 54130 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna | 1/11/2012 (Month) (Day) (Year) | Email Phone (920) |
| 9. CAROL A. VAN ZEELAND | <i>Carol A. Van Zeeland</i> | Street: W1208 County Rd JJ City: KAUKAUNA, WI Zip: 54130 | <input checked="" type="checkbox"/> Town of <input type="checkbox"/> Village <input type="checkbox"/> City Kaukauna | 1/12/2012 (Month) (Day) (Year) | Email Phone (920) |
| 10. JOHN VAN ZEELAND | <i>John Van Zeeland</i> | Street: W1208 CTY Rd JJ City: KAUKAUNA WI Zip: 54130 | <input checked="" type="checkbox"/> Town of <input type="checkbox"/> Village <input type="checkbox"/> City KAUKAUNA | 1/12/2012 (Month) (Day) (Year) | Email Phone (920) |

Certification of Circulator

I, Mary R. Derus, (certify): I reside at 1000 Melrose Ct, Kaukauna, WI. Kaukauna
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

Mary R. Derus
(Signature of Circulator)

000011
(Official Use Only)

Circulators, p.

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
|---------------------------|--------------------------|---|--|------------------------------------|
| 1. Joan R. Shelley | <i>Joan R. Shelley</i> | Street: N2693 Edgewood Drive City: New London Zip: 54961 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mukwa | 12/05/2011 (Month) (Day) (Year) |
| 2. Rodger G. Shelley | <i>Rodger G. Shelley</i> | Street: N2693 Edgewood Drive City: New London Zip: 54961 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mukwa | 12/05/2011 (Month) (Day) (Year) |
| 3. Michael Schulke | <i>Michael Schulke</i> | Street: 1115 W. Beckert Rd. #31 City: New London Zip: 54961 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New London | 10/07/2011 (Month) (Day) (Year) |
| 4. Connie M. Bellin | <i>Connie M. Bellin</i> | Street: W7540 E. Maple Ct. City: Shiocton Zip: 54170 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shiocton | 12/28/2011 (Month) (Day) (Year) |
| 5. Mary Feistel | <i>Mary Feistel</i> | Street: 548 Frances Street City: Kaukauna Zip: 54130 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna | 12/29/2011 (Month) (Day) (Year) |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |

Certification of Circulator

I, Michael J. Bellin, (certify): I reside at W7540 E. Maple Ct Shiocton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan / 11 / 2012
(Month) (Day) (Year)

Michael J. Bellin
(Signature of Circulator)

Page No. (Official Use Only)
000912

Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

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|---------------------------|----------------------------|---|---|------------------------------------|
| 1. Mitchell Rady | <i>Mitchell Rady</i> | Street: 2120-7 Henry St City: Neenah Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | 11/17/2011 (Month) (Day) (Year) |
| 2. Helsey Nys | <i>Helsey Nys</i> | Street: 2120-7 Henry St. City: Neenah Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | 11/17/2011 (Month) (Day) (Year) |
| 3. Linette Nys | <i>Linette Nys</i> | Street: 310 Pine St City: Neenah Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | 11/17/2011 (Month) (Day) (Year) |
| 4. Katie Neubauer | <i>Katie Neubauer</i> | Street: 124 Villa Dr. City: Neenah Zip: 54956 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 12/23/2011 (Month) (Day) (Year) |
| 5. Patricia L Neubauer | <i>Patricia L Neubauer</i> | Street: 124 Villa Dr. City: Neenah Zip: 54956 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 12/23/2011 (Month) (Day) (Year) |
| 6. Jeff Nys | <i>Jeff Nys</i> | Street: 310 Pine St City: Neenah Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | 1/4/2012 (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |

Certification of Circulator

I, Jeff Nys, (certify): I reside at 310 Pine St Neenah
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 4 / 2012
(Month) (Day) (Year)

Jeff Nys
(Signature of Circulator)

Page No. (Official Use Only)
000913

Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|---------------------------|------------------------|---|---|------------------------------------|-----------------------|
| 1. Sara Vosters | | Street: 1230 E Pershing St. City: Appleton Zip: 54914 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 01/12/2012 (Month) (Day) (Year) | Email SV Phone () |
| 2. Sarah Key | | Street: 1641 S Nicolet Rd City: Appleton Zip: 54914 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand Chute | 01/12/2012 (Month) (Day) (Year) | Email Phone () |
| 3. DAVID HENDRICKSON | | Street: N5399 FRENCH RD. City: SEYMOUR Zip: 54165 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City OSBORN | 1/12/2012 (Month) (Day) (Year) | Email Phone () |
| 4. Steven Meylink | | Street: 1176 Woodgate LN City: Neenah Zip: 54956 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha | 01/12/2012 (Month) (Day) (Year) | Email Phone () |
| 5. Teri Meylink | | Street: 1176 Woodgate Ln City: Neenah Zip: 54956 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha | 1/12/2012 (Month) (Day) (Year) | Email Phone () |
| 6. Debra Gylund | | Street: N1595 North Rd City: Greenville WI Zip: 54942 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Greenville | 1/12/2012 (Month) (Day) (Year) | Email Phone () |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone () |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone () |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone () |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone () |

Certification of Circulator

I, NATHELEE BOWMAN, (certify): I reside at 701 N. CANTERBURY DR. City of Appleton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 12 12 12
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

000914

Circulator

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|---------------------------|--------------------------|---|--|-----------------------------------|
| 1. Gerald L. Winters | <i>Gerald L. Winters</i> | Street: 825 John St City: Menasha Zip: 54952 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Menasha Jefferson School | 12/2/2011 (Month) (Day) (Year) |
| 2. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 3. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 4. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
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Certification of Circulator

I, Gerald C. Rickert, (certify): I reside at 4508 French Rd Grand Chute
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

Gerald C. Rickert
(Signature of Circulator)

030915

(Official Use Only)

Circulator

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
|---------------------------|------------------------|---|---|------------------------------------|
| 1. Melody Brouchaud | Melody A. Brouchaud | Street: 22150 Mallard Lane City: Freedom Zip: 54130 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Freedom | 12/14/2011 (Month) (Day) (Year) |
| 2. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 3. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 4. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
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| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
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Certification of Circulator

I, Scott Williams (Name of Circulator), (certify): I reside at 1800 Vandenberg Little Chute (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

Scott Williams
(Signature of Circulator)

Page No. (Official Use Only)

030916

Circulator:

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
|---------------------------|----------------------------|---|---|------------------------------------|
| 1. Charlotte Zielinski | <i>Charlotte Zielinski</i> | Street: 140 Gregor Court City: Appleton Zip: 54915 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 11/26/2011 (Month) (Day) (Year) |
| 2. Shirley Zielinski | <i>Shirley Zielinski</i> | Street: 1045 London St. City: Menasha Zip: 54952 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | 11/28/2011 (Month) (Day) (Year) |
| 3. James Zielinski | <i>James Zielinski</i> | Street: 1045 London St. City: Menasha Zip: 54952 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | 11/28/2011 (Month) (Day) (Year) |
| 4. Matt Zielinski | <i>MO Zielinski</i> | Street: 1030 E Pauline St. City: Appleton Zip: 54911 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | 12/25/2011 (Month) (Day) (Year) |
| 5. Dan Kramer | <i>Daniel R Kramer</i> | Street: 1210 N Oneida City: Appleton Zip: 54911 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | 12/23/2011 (Month) (Day) (Year) |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |

Certification of Circulator

I, Mike Zielinski, (certify): I reside at 140 Gregor Ct.
(Name of Circulator)

(Circulator's Residence - Street name and Number)

Appleton
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 26 2011
(Month) (Day) (Year)

Mike Zielinski
(Signature of Circulator)

000017

Official Use Only

Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING | |
|---------------------------|-----------------------------|---|---|------------------------------------|----------------------|
| 1. Michael L Zielinski | <i>Michael Zielinski</i> | Street: 140 Gregor Ct City: Appleton WI Zip: 54915 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha | 11/25/2011 (Month) (Day) (Year) | Email Phone (920) |
| 2. Scott Williams | <i>Scott Williams</i> | Street: 1800 Vandenbroek City: Little Chute WI Zip: 54140 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Little Chute | 11/25/2011 (Month) (Day) (Year) | Email Phone (920) |
| 3. Paul Pelkey | <i>Paul Pelkey</i> | Street: 201 1/2 Dodge St City: Kaukauna Zip: 54130 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna S.W. | 11/28/2011 (Month) (Day) (Year) | Email Phone (920) |
| 4. Travis Hollingsworth | <i>Travis Hollingsworth</i> | Street: 206 Joseph Ct Apt 6 City: Neenah WI Zip: 54456 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City neenah | 01/11/2012 (Month) (Day) (Year) | Email Phone (920) |
| 5. Jason Wickesberg | <i>J -</i> | Street: 2026 N Richmond St City: Appleton Zip: 54911 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 1/11/2012 (Month) (Day) (Year) | Email Phone (920) |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) | Email Phone () |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) | Email Phone () |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) | Email Phone () |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) | Email Phone () |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) | Email Phone () |

Certification of Circulator

I, Scott Williams, (certify): I reside at 1800 Vandenbroek Rd Little Chute
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/12 2012
(Month) (Day) (Year)

Scott Williams
(Signature of Circulator)

Page No. (Official Use Only)
000918

Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
|---------------------------|------------------------|---|---|------------------------------------|
| 1. Karen Kapocius | Karen Kapocius | Street: 1202 N. Appleton St. City: Appleton WI Zip: 54911 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 12/31/2011 (Month) (Day) (Year) |
| 2. Daniel S. Mihalo | Dan Mihalo | Street: 1526 N. Division St. City: Appleton, WI Zip: 54911 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 12/31/2011 (Month) (Day) (Year) |
| 3. Joseph Gimenez | Joseph Gimenez | Street: 1707 S. Perkins St. City: Appleton WI Zip: 54914 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 12/21/2011 (Month) (Day) (Year) |
| 4. JERRY JACKSON | Jerry Jackson | Street: 2700 W. COLLEGE AVE. STE. 9430 City: APPLETON, WI Zip: 54914 | <input checked="" type="checkbox"/> Town CENTER <input type="checkbox"/> Village <input type="checkbox"/> City | 12/31/2011 (Month) (Day) (Year) |
| 5. LINDA KELLER | Linda Keller | Street: 1040 E MOORPARK AVE City: APPLETON WI Zip: 54911 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 12/31/2011 (Month) (Day) (Year) |
| 6. CLARENCE DAEBLER | Clarence Daubler | Street: 4500 French Rd City: Apple WI Zip: 54913 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand chute | 12/31/2011 (Month) (Day) (Year) |
| 7. Bonnie Daubler | Bonnie Daubler | Street: 4500 French Rd City: Apple WI Zip: 54913 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand chute | 12/31/2011 (Month) (Day) (Year) |
| 8. Kristina Rickert | Kristina Rickert | Street: 4500 N. French Rd City: Appleton WI Zip: 54913 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand chute | 12/31/2011 (Month) (Day) (Year) |
| 9. Angelica Rickert | Angelica Rickert | Street: 1221 S. Vanduyke Rd 1B City: Appleton WI Zip: 54914 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 1/1/2012 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |

Certification of Circulator

I, Gerald C. Rickert

(certify): I reside at 4500 French Rd

Grand chute

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I have personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 12 12012
(Day) (Year)

(Signature of Circulator)

Pass No. (Official Use Only)
000913

Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
|---------------------------|---------------------------|---|---|------------------------------------|
| 1. RICKY J. WEYENBERG | <i>Ricky Weyenberg</i> | Street: 204 LAKE SHORE DR. City: HORTONVILLE Zip: 54944 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City HORTONVILLE | 11/17/2011 (Month) (Day) (Year) |
| 2. JAMES J. POWELEIT | <i>James J. Poweleit</i> | Street: 207 LAKE SHORE DR. City: HORTONVILLE Zip: 54944 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City HORTONVILLE | 11/17/2011 (Month) (Day) (Year) |
| 3. PETER J. WEYENBERG | <i>Peter J. Weyenberg</i> | Street: 1346 W. COMMERCIAL ST. City: APPLETON WI Zip: 54914 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City APPLETON | 11/22/2011 (Month) (Day) (Year) |
| 4. Elizabeth Ebben | <i>Elizabeth Ebben</i> | Street: 2640 Sunnyview Cr. City: Appleton WI Zip: 54914 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand Chute | 12/08/2011 (Month) (Day) (Year) |
| 5. Shirley Grooten | <i>Shirley Grooten</i> | Street: 7887 Easy St City: Fremont Zip: 54940 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wolf River | 12/8/2011 (Month) (Day) (Year) |
| 6. Emily VanderWyst | <i>Emily VanderWyst</i> | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 7. Emily VanderWyst | <i>Emily VanderWyst</i> | Street: 115 Winnebago City: Appleton Wis. Zip: 54911 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City APPLETON | 12/13/2011 (Month) (Day) (Year) |
| 8. Gordon VanderWyst | <i>Gordon VanderWyst</i> | Street: 115 Winnebago ST. City: Appleton Wis Zip: 54911 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City APPLETON | 12/13/2011 (Month) (Day) (Year) |
| 9. LISA ANGOTTI | <i>Lisa Angotti</i> | Street: 2858 LAWRENCE DRIVE City: DE PERE Zip: 54115 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAWRENCE | 12/15/2011 (Month) (Day) (Year) |
| 10. Robert J. Opsahl | <i>Robert Opsahl</i> | Street: 2910 Elm Lane City: Wabeno WI Zip: 54566 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wabeno | 12/31/2011 (Month) (Day) (Year) |

Certification of Circulator

I, Gerald C. Rickert, (certify): I reside at 4500 French Rd Grand Chute
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

Gerald C. Rickert
(Signature of Circulator)

Page No. (Official Use Only)

000920

Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
|---------------------------|-------------------------|---|---|------------------------------------|
| 1. Shirley Bromberg | <i>Shirley Bromberg</i> | Street: 1701 Apt. B Midway Pl City: Menasha Zip: WI 54952 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menasha | 12/1/2011 (Month) (Day) (Year) |
| 2. Yvonne Gregorius | <i>Yvonne Gregorius</i> | Street: 1701 Apt. C Midway Pl City: Menasha WI Zip: 54952 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menasha | 12/01/2011 (Month) (Day) (Year) |
| 3. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
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| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |

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Certification of Circulator

I, Elizabeth Laux, (certify): I reside at 303 S. Walnut St Appleton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1, 12, 2012
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
000921

Circulators
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | | |
|--|------------------------|---|--|------------------------------------|
| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
| 1. Mark A. Braut | | Street: 918 Channel Tunnel CT City: Green Bay Zip: 54313 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Howard | 11/17/2011 (Month) (Day) (Year) |
| 2. Frank Post | | Street: 210 W. Brewster City: Appleton Zip: 54911 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 11/17/2011 (Month) (Day) (Year) |
| 3. Holly H. Henderson | | Street: W6334 RAVUE COURT City: MENASHA WI Zip: 54952 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha | 11/20/2011 (Month) (Day) (Year) |
| 4. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
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| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |

Certification of Circulator

I, Elizabeth Laux, (certify): I reside at 803 S. Walnut St Appleton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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000922

Circulators, please

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
|-----------------------------|------------------------------|---|--|---|
| 1. PATRICIA A. ETHERIDGE | <i>Patricia A. Etheridge</i> | Street: <i>595 E. Division St.</i> City: <i>Fond du Lac</i> Zip: <i>54935</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Fond du Lac</i> | <i>12/11/2011</i> (Month) (Day) (Year) |
| 2. Cheryl E. Pritzel | <i>Cheryl E. Pritzel</i> | Street: <i>2603 S Matthias St.</i> City: <i>Appleton</i> Zip: <i>54915</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Appleton</i> | <i>12/19/2011</i> (Month) (Day) (Year) |
| 3. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 20</i> (Month) (Day) (Year) |
| 4. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 20</i> (Month) (Day) (Year) |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 20</i> (Month) (Day) (Year) |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 20</i> (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 20</i> (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 20</i> (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 20</i> (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 20</i> (Month) (Day) (Year) |

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Certification of Circulator

I, Catherine Y. Etheridge, (certify): I reside at 232 Edgewater Dr Menasha
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 12 / 2012
(Month) (Day) (Year)

Catherine Y. Etheridge
(Signature of Circulator)

Page No. (Official Use Only)
000923 A

Circulators, please
Phone
Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

SCOTT WALKER RECALL PETITION

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|---------------------------|------------------------|---|--|------------------------------------|
| 1. TODD WALLNER | <i>Todd Wallner</i> | Street: 311 LYON ST. City: WISCONSIN RAPIDS Zip: 54495 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wisconsin Rapids | 11/22/2011 (Month) (Day) (Year) |
| 2. DAVID LUTZ | <i>David Lutz</i> | Street: 5621 BOULDER CR. City: WIS. RAPIDS, WI Zip: 54494 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand Rapids | 11/25/2011 (Month) (Day) (Year) |
| 3. STACY HERBY | <i>Stacy Herby</i> | Street: 1811 26th ST N. City: WIS RAPIDS WI Zip: 54494 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau Rapids | 11/25/2011 (Month) (Day) (Year) |
| 4. BARRY ALTMAN | <i>Barry Altman</i> | Street: 5352 CTY ROAD E. City: WIS RAPIDS Zip: 54495 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sigel | 11/25/2011 (Month) (Day) (Year) |
| 5. FREDRICK HILES | <i>Fredrick Hiles</i> | Street: 5034 COUNTY RD. M City: Junction City Zip: 54443 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Carson | 12/14/2011 (Month) (Day) (Year) |
| 6. JAMES SCHNEIDER | <i>James Schneider</i> | Street: 330 20th ST N City: WIS. RAPIDS Zip: 54494 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wise Rapids | 1/11/2012 (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |

Certification of Circulator

1. JAMES SCHNEIDER

(Name of Circulator)

(certify): I reside at 330 20th ST N

(Circulator's Residence - Street name and Number)

WIS RAPIDS WI 54494

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/11/2012
(Month) (Day) (Year)

James Schneider

(Signature of Circulator)

Page No. (Official Use Only)

000923B

Circulators, please

Phone

Email

2/2/11

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | | |
|--|--------------------------|---|--|------------------------------------|
| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
| 1. RAMONA SIEGEL | <i>Ramona Siegel</i> | Street: 3010 3rd St. S. City: Wis. Rapids Zip: 54494 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | 11/24/2011 (Month) (Day) (Year) |
| 2. FRED SIEGEL | <i>Fred Siegel</i> | Street: 3010 - 3rd St. S. City: WIS RAPIDS Zip: 54494 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | 11/24/2011 (Month) (Day) (Year) |
| 3. Scott Olsen | <i>Scott Olsen</i> | Street: 1148 Jenifer St #1 City: Madison Zip: 53703 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | 11/24/2011 (Month) (Day) (Year) |
| 4. Andrea Siegel | <i>Andrea Siegel</i> | Street: 4418 Rockingham City: Janesville Zip: 53546 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | 12/25/2011 (Month) (Day) (Year) |
| 5. SHANE SIEGEL | <i>Shane Siegel</i> | Street: 4418 Rockingham Dr City: Janesville Zip: 53546 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | 12/25/2011 (Month) (Day) (Year) |
| 6. LANA L. SIEGEL | <i>Lana L. Siegel</i> | Street: 5321 GRASSMERE DR. City: WISCONSIN RAPIDS Zip: 54494 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City GRAND RAPIDS | 12/25/2011 (Month) (Day) (Year) |
| 7. Sarah Siegel | <i>Sarah Siegel</i> | Street: 5321 Grassmere Drive City: Wisconsin Rapids Zip: 54494 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand Rapids | 12/25/2011 (Month) (Day) (Year) |
| 8. Ronald J Siegel | <i>Ronald J Siegel</i> | Street: 5321 Grassmere Drive City: wis Rapids Zip: 54494 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand Rapids | 12/25/2011 (Month) (Day) (Year) |
| 9. Georgia Groholski | <i>Georgia Groholski</i> | Street: 12541 87th St. S. City: Wis. Rapids WI Zip: 54494 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grant | 1/11/2012 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |

Certification of Circulator

I, JAMES SCHNEIDER, (certify): I reside at 330 20th STN Wise Rapids, WI 54494
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator's Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

James Schneider
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators

Phone

Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING | |
|---------------------------|------------------------|---|--|------------------------------------|--------------------|
| 1. William Magee | <i>William Magee</i> | Street: 1020 County Rd C City: Rudolph WI Zip: 54475 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rudolph | 12/14/2011 (Month) (Day) (Year) | Email Phone () |
| 2. Robert Klish | <i>Robert Klish</i> | Street: 3311 85th Street South City: Wisconsin Rapids WI Zip: 54494 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grant | 12/15/2011 (Month) (Day) (Year) | Email Phone () |
| 3. Marcella Klish | <i>Marcella Klish</i> | Street: 3411-85th St. So. City: Wisconsin Rapids, WI Zip: 54494 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grant | 12/15/2011 (Month) (Day) (Year) | Email Phone () |
| 4. Lawrence Klish | <i>Lawrence Klish</i> | Street: 1110-26th St. No. City: Wisconsin Rapids WI Zip: 54494 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wisconsin Rapids | 12/15/2011 (Month) (Day) (Year) | Email Phone () |
| 5. Cori Goodwin | <i>Cori Goodwin</i> | Street: 940 2nd St. N. City: W.R. WI Zip: 54494 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wisconsin Rapids | 12/16/2011 (Month) (Day) (Year) | Email Phone () |
| 6. Cheryl A. Klish | <i>Cheryl A. Klish</i> | Street: 3311 85th ST. SO. City: WI. RAPIDS, WI Zip: 54494 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City GRANT | 12/17/2011 (Month) (Day) (Year) | Email Phone () |
| 7. Leon Klish | <i>Leon Klish</i> | Street: 3311 85th ST. So. City: Wisconsin Rapids, WI Zip: 54494 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grant | 1/8/2012 (Month) (Day) (Year) | Email Phone () |
| 8. Mark Chamberlin | <i>Mark Chamberlin</i> | Street: 2311 Bridle Path City: Wisconsin Rapids WI Zip: 54494 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wisconsin Rapids | 1/9/2012 (Month) (Day) (Year) | Email Phone () |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) | Email Phone () |
| 10. Cody Czappa | <i>Cody Czappa</i> | Street: 310 17th Ave S City: Wisconsin Rapids WI Zip: 54495 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wisconsin Rapids | 12/19/2011 (Month) (Day) (Year) | Email Phone () |

Certification of Circulator

I, Leon Klish (Name of Circulator), (certify): I reside at 3311 85th ST-SO (Circulator's Residence - Street name and Number) Wisconsin Rapids (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 12012
(Month) (Day) (Year)

Leon Klish
(Signature of Circulator)

Page No. (Official Use Only)
000925

Circulators.

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|--|--------------------------|---|--|------------------------------------|
| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
| 1. COLLEEN STELZER | <i>Colleen Stelzer</i> | Street: 5631 WAZEECHA AVE City: WE. RAPIDS, WI Zip: 54494 | <input checked="" type="checkbox"/> Town GRAND RAPIDS <input type="checkbox"/> Village <input type="checkbox"/> City | 11/28/2011 (Month) (Day) (Year) |
| 2. Michael R Giese | <i>Michael R Giese</i> | Street: 2341 Chase ST. City: Wis Rapids WI Zip: 54495 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wis Rapids | 11/28/2011 (Month) (Day) (Year) |
| 3. Roger Garbisch | <i>Roger Garbisch</i> | Street: W2841 CTRY H City: Granton Zip: 54436 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yonk | 11/28/2011 (Month) (Day) (Year) |
| 4. Crystal Giese | <i>Crystal Giese</i> | Street: 2341 Chase ST. City: WI Rapids WI Zip: 54495 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wis Rapids | 11/29/2011 (Month) (Day) (Year) |
| 5. DUSTIN VANDEZANDE | <i>Dustin VandeZande</i> | Street: 201 LAKE ST City: WAUPACA Zip: 54981 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUPACA | 12/7/2011 (Month) (Day) (Year) |
| 6. DAVID STELZER | <i>David Stelzer</i> | Street: 5631 WAZEECHA AVE City: WE. RAPIDS, WI Zip: 54494 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City GRAND RAPIDS | 12/9/2011 (Month) (Day) (Year) |
| 7. STEVE RACZEK | <i>Steve Raczek</i> | Street: 3221 CAMPSTE DR. City: STEVENS POINT Zip: 54482 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dewey | 1/6/2012 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |

Certification of Circulator

I, STEVE RACZEK (Name of Circulator), (certify): I reside at 3221 CAMPSTE DRIVE (Circulator's Residence - Street name and Number) Dewey (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 7 12012
(Month) (Day) (Year)

Steve Raczek
(Signature of Circulator)

Page No. (Official Use Only)
030326

Circulators.

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|---------------------------|------------------------|---|---|-----------------------------------|-------------------------------|
| 1. Kevin SANTRY | | Street: W 2606 Aspen Court City: Appleton WI Zip: 54916 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 1/12/2012 (Month) (Day) (Year) | Email Phone |
| 2. Meghan Buckman | | Street: 2885 Glen Creek Pl #12 City: Grand Chute, WI Zip: 54914 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand Chute | 1/12/2012 (Month) (Day) (Year) | Email: mbuckm Phone: (920) |
| 3. NANCY KEMPEN | | Street: 4924 Melmar Ct City: APPLETON WI Zip: 54913 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City GRANDCHUTE | 1/12/2012 (Month) (Day) (Year) | Email Phone |
| 4. SWTT GYBAX | | Street: 2603 N. Birchwood Ave City: Appleton Zip: 54914 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 1/12/2012 (Month) (Day) (Year) | Email Phone |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |

Certification of Circulator

I, Steve Lawson, (certify): I reside at 1600 Flowers Mill Drive Grand Rapids Township
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012 Steve Lawson
(Month) (Day) (Year) (Signature of Circulator)

Page 000027



Circulators:
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|---------------------------|------------------------|---|---|--|
| 1. <u>Jeremy Hodges</u> | <u>[Signature]</u> | Street: <u>804 W. Brewster St.</u> City: <u>Appleton</u> Zip: <u>54914</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> | <u>1/13/2012</u> (Month) (Day) (Year) |
| 2. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 20</u> (Month) (Day) (Year) |
| 3. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 20</u> (Month) (Day) (Year) |
| 4. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 20</u> (Month) (Day) (Year) |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 20</u> (Month) (Day) (Year) |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 20</u> (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 20</u> (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 20</u> (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 20</u> (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 20</u> (Month) (Day) (Year) |

Certification of Circulator

I, Nancy Graham, (certify): I reside at 26 S. Meadows Dr City Appleton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000928

Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
|---------------------------|-----------------------------|---|--|------------------------------------|
| 1. LORRAINE SCHROEDER | <i>Lorraine Schroeder</i> | Street: 2218 S JACKSON ST City: APPLETON WI Zip: 54915 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 1/13/2012 (Month) (Day) (Year) |
| 2. James Schoelles | <i>J Sch</i> | Street: 617 SCARLET OAK CT City: Appleton WI Zip: 54915 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 1/13/2012 (Month) (Day) (Year) |
| 3. Lori Schoelles | <i>Lori Schoelles</i> | Street: 617 SCARLET OAK CT City: Appleton WI Zip: 54915 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 1/13/2012 (Month) (Day) (Year) |
| 4. REID HOLDORF | <i>Reid Holdorf</i> | Street: W8065 Hillcrest Ct City: Hortonville WI Zip: 54944 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Greenville | 01/13/2012 (Month) (Day) (Year) |
| 5. DANIEL J. VAN GOMPEL | <i>Daniel J. Van Gompel</i> | Street: W4855 COUNTY RD. 0 City: APPLETON WI Zip: 54913 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CENTER | 01/13/2012 (Month) (Day) (Year) |
| 6. Elaine Van Gompel | <i>Elaine Van Gompel</i> | Street: W4855 County Road 0 City: Appleton WI Zip: 54913 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Center | 01/13/2012 (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |

Certification of Circulator

I, Steve Lawson, (certify): I reside at 1680 Flowers Mill Drive Grand Rapids Township
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/13/2012
(Month) (Day) (Year)

Steve Lawson
(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | | |
|--|------------------------|---|---|------------------------------------|
| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
| 1. Josh Mischler | | Street: W1651 Echo Valley Rd. City: Kaukauna Zip: 54130 | <input checked="" type="checkbox"/> Town Freedom <input type="checkbox"/> Village <input type="checkbox"/> City | 01/13/2012 (Month) (Day) (Year) |
| 2. Robert J. Mischler | | Street: W1651 Echo Valley Rd. City: Kaukauna Zip: 5413 | <input checked="" type="checkbox"/> Town Freedom <input type="checkbox"/> Village <input type="checkbox"/> City | 1/13/2012 (Month) (Day) (Year) |
| 3. Bradley Ewardt | | Street: 1100 E Nawenda St. City: Appleton Zip: 54911 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 01/13/2012 (Month) (Day) (Year) |
| 4. Michael Stickney | | Street: 2927 W. Sunset Ave City: Appleton WI Zip: 54914 | <input checked="" type="checkbox"/> Town Grand Chite <input type="checkbox"/> Village <input type="checkbox"/> City | 1/13/2012 (Month) (Day) (Year) |
| 5. Christie Tonies | | Street: 4524 N. Windcross Dr City: Appleton Zip: 54913 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 1/13/2012 (Month) (Day) (Year) |
| 6. Lee Schmidt | | Street: W4786 TRB/WD CT City: SHERWOOD Zip: 54169 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village SHERWOOD <input type="checkbox"/> City | 1/13/2012 (Month) (Day) (Year) |
| 7. Rhys Kardas | | Street: 1675 Drum Corps Dr ^{APT 31} City: MENASHA Zip: 54952 | <input checked="" type="checkbox"/> Town MENASHA <input type="checkbox"/> Village <input type="checkbox"/> City | 1/13/2012 (Month) (Day) (Year) |
| 8. Mary Ruggier | | Street: 1715 E NEWBERRY ST City: Appleton Zip: 54915 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 1/13/2012 (Month) (Day) (Year) |
| 9. Donna Diermeier Langner | | Street: N4527 MEADE ST City: Appleton Zip: 54913 | <input checked="" type="checkbox"/> Town Center <input type="checkbox"/> Village <input type="checkbox"/> City | 1/13/2012 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |

Certification of Circulator

I, Steve Lawson, (certify): I reside at 1680 Flowers Mill Drive Grand Rapids Town
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Steve Lawson
(Signature of Circulator)

Page No. (Official Use Only)
000930

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|--|------------------------|---|---|---|
| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
| 1. Amy Kay | <i>Amy Kay</i> | Street: <u>200 E Clearfield Ln</u> City: <u>Appleton</u> Zip: <u>54913</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> | <u>12/14/2011</u> (Month) (Day) (Year) |
| 2. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 20</u> (Month) (Day) (Year) |
| 3. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 20</u> (Month) (Day) (Year) |
| 4. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 20</u> (Month) (Day) (Year) |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 20</u> (Month) (Day) (Year) |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 20</u> (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 20</u> (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 20</u> (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 20</u> (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 20</u> (Month) (Day) (Year) |

Certification of Circulator

I, Vicki L. Huss, (certify): I reside at 916 Laners Clancy Rd Holland
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan 1 13 2012
(Year)

Vicki L. Huss
(Signature of Circulator)

Page No. (Official Use Only)

000931

Circulator

Phone

Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
|---------------------------|-------------------------|---|---|------------------------------------|
| 1. CAROLE SCHROEDER | <i>Carole Schroeder</i> | Street: 3530 N STORY ST City: APPLETON Zip: 54914 | <input checked="" type="checkbox"/> Town GRAND <input type="checkbox"/> Village CHUTE <input type="checkbox"/> City | 11/21/2011 (Month) (Day) (Year) |
| 2. Barb Minchett | <i>Barbara Minchett</i> | Street: 2156 Cottonwood Dr City: Menasha Zip: 54952 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menasha | 11/21/2011 (Month) (Day) (Year) |
| 3. Laurie Krueger | <i>Laurie Krueger</i> | Street: 1873 Brookfield Dr City: Neenah Zip: 54956 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha | 11/24/2011 (Month) (Day) (Year) |
| 4. Ruth Anderson | <i>Ruth Anderson</i> | Street: 1226 Berlin St. City: Waupaca Zip: 54981 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waupaca | 1/20 (Month) (Day) (Year) |
| 5. Mary Minchett | <i>Mary Minchett</i> | Street: Walnut Hickory Hills City: Chilton WI Zip: 53014 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Chilton | 11/25/2011 (Month) (Day) (Year) |
| 6. Jeff Krueger | <i>Jeff Krueger</i> | Street: 1873 Brookfield Dr City: MENASHA Zip: 54956 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha | 12/24/2011 (Month) (Day) (Year) |
| 7. Dan Minchett | <i>Dan Minchett</i> | Street: 2156 Cottonwood Dr City: Menasha Zip: 54952 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menasha | 1/2/2012 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |

Certification of Circulator

I, Barbara Minchett, (certify): I reside at 2156 Cottonwood Dr Menasha
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/13/2012
(Month) (Day) (Year)

Barbara Minchett
(Signature of Circulator)

Page No. (Official Use Only)
000932

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|--|------------------------|---|---|--|
| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
| 1. David Burton | | Street: 825 Terra Cotta Dr. City: Neenah Neenah Zip: 54956 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | Neenah 12/16/2011 (Month) (Day) (Year) |
| 2. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 3. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 4. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |

Certification of Circulator

I, Jill Dujardin, (certify): I reside at 135 Cunnings Lane Town of Neenah
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

Jill Dujardin
(Signature of Circulator)

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(Official Use Only)

Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|--|---------------------------|---|--|---------------------------------------|
| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
| 1. Michael J McNeely | <i>Michael J McNeely</i> | Street: 498 Maple Ln City: Neenah Zip: 54956 | <input checked="" type="checkbox"/> Town Neenah <input type="checkbox"/> Village <input type="checkbox"/> City | 1 / 12 / 2012 (Month) (Day) (Year) |
| 2. Lauren Emenecker | <i>Lauren Emenecker</i> | Street: 684 Yorkshire Rd City: Neenah Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village Neenah <input checked="" type="checkbox"/> City | 1 / 12 / 2012 (Month) (Day) (Year) |
| 3. Darlene P. Hengels | <i>Darlene P. Hengels</i> | Street: 1179 W. Cecil St City: Neenah Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah | 1 / 12 / 2012 (Month) (Day) (Year) |
| 4. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |

Certification of Circulator

I, Katharine Roberts, (certify): I reside at 710 Lincoln St Neenah
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 12 2012
(Month) (Day) (Year)

Katharine Roberts
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|---------------------------|------------------------|---|---|-----------------------------------|----------------|
| 1. Bernie Hengels | | Street: 1179 W. Cecil City: Neenah Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah | 1/12/2012 (Month) (Day) (Year) | Email Phone |
| 2. Joanne Swoboda | | Street: 7848 KILLY WAY City: Neenah, WI Zip: 54956 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Clayton | 1/12/2012 (Month) (Day) (Year) | Email Phone |
| 3. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 4. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |

Certification of Circulator

I, SuAnn M. Senso, (certify): I reside at 1414 Whittier Dr. Neenah
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
000935

Circulators
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|--|-------------------------|---|--|-----------------------------------|
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| 1. Gretchen Hutzler | <i>Gretchen Hutzler</i> | Street: 18823 Cty Rd F City: Berlin Zip: 54923 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Berlin | 6/07/2012 (Month) (Day) (Year) |
| 2. Carol Maddasine | <i>Carol Maddasine</i> | Street: 408 Kelly Place City: Onalaska Zip: 54650 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Onalaska | 1/8/2012 (Month) (Day) (Year) |
| 3. Todd Matrasow | <i>Todd Matrasow</i> | Street: 608 Kelly Place City: Onalaska Zip: 54650 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ONALASKA | 1/8/2012 (Month) (Day) (Year) |
| 4. Stuart Clish | <i>Stuart Clish</i> | Street: 409 Matthew St. City: Kimberly Zip: 54136 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kimberly | 1/9/2012 (Month) (Day) (Year) |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |

Certification of Circulator

I, Tom Leduina, (certify): I reside at W473 Cty Rd D, Berlin Poyissippi
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 12012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

000936

Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | | |
|--|------------------------|--|--|--|
| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small> | DATE OF SIGNING |
| 1. Christine Toonen | | Street: 931 Gay Dr City: Neenah Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah | 1 / 12 / 2012 <small>(Month) (Day) (Year)</small> |
| 2. Shawn Dobbins | | Street: 923 Evergreen Lane City: Neenah Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah | 1 / 12 / 2012 <small>(Month) (Day) (Year)</small> |
| 3. Kathleen Sheridan | | Street: 2071 White Wolf Lane City: Kaukauna Zip: 54130 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna | 1 / 12 / 2012 <small>(Month) (Day) (Year)</small> |
| 4. Peter Brockman | | Street: 1580 Oakridge Rd City: Neenah Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah | 1 / 12 / 2012 <small>(Month) (Day) (Year)</small> |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 <small>(Month) (Day) (Year)</small> |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 <small>(Month) (Day) (Year)</small> |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 <small>(Month) (Day) (Year)</small> |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 <small>(Month) (Day) (Year)</small> |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 <small>(Month) (Day) (Year)</small> |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 <small>(Month) (Day) (Year)</small> |

Certification of Circulator

I, Joseph A. WILFUNG, (certify): I reside at 1070 Meadow Lane Neenah
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012 Joseph A. Wilfung
(Month) (Day) (Year) (Signature of Circulator)

Page No. 000007 (Use Only)
 # _____

Circulators
 Phone _____
 Email _____

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
|---------------------------|------------------------|---|--|------------------------------------|
| 1. Cheryl M. Brownillaro | | Street: 2560 Palisades Lane City: Appleton Zip: 54915 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha | 11/29/2011 (Month) (Day) (Year) |
| 2. Amber Brownillaro | | Street: 2560 Palisades LN City: Appleton Zip: 54915 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha | 11/29/2011 (Month) (Day) (Year) |
| 3. Tyler Goullard | | Street: 2560 Palisades Lane City: Appleton Zip: 54915 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha | 11/29/2011 (Month) (Day) (Year) |
| 4. NAKIA HUFF | | Street: 1214 Grand St City: OSHKOSH Zip: WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oshkosh | 12/2/2011 (Month) (Day) (Year) |
| 5. Mark Holtz | | Street: N3979 Cty Hwy C City: Appleton Zip: 54913 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 12/8/2011 (Month) (Day) (Year) |
| 6. Anthony Holtz | | Street: N3979 Cty Rd C City: Appleton Zip: 54913 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 12/8/2011 (Month) (Day) (Year) |
| 7. Nicole Peiffer-Ulman | | Street: 801 Grove St City: Menasha Zip: 54952 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menasha | 12/10/2011 (Month) (Day) (Year) |
| 8. Rodney Huff | | Street: 212 Chute St. City: Menasha Zip: 54952 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha | 12/15/2011 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 2011 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 2011 (Month) (Day) (Year) |

Certification of Circulator

I, Cheryl M Brownillaro (Name of Circulator), (certify): I reside at 2560 Palisades Lane Appleton, WI 54915 (Circulator's Residence - Street name and Number), Town of Menasha (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 01 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

000938

Circulators:

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
|----------------------------|------------------------|---|---|------------------------------------|
| 1. Dawn M McQuillan | <i>[Signature]</i> | Street: 1397 Mission ST City: Menasha WI Zip: 54952 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha | 12/29/2011 (Month) (Day) (Year) |
| 2. Nicholas D. Fahrcenting | <i>[Signature]</i> | Street: 1407 Circle Dr. City: Menasha WI Zip: 54952 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha | 12/29/2011 (Month) (Day) (Year) |
| 3. Sandra M. Archambault | <i>[Signature]</i> | Street: 908 Covenant Lane City: Appleton WI Zip: 54915 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 12/30/2011 (Month) (Day) (Year) |
| 4. Nathan W Menzel | <i>[Signature]</i> | Street: N424 Long Rd City: Hilbert WI Zip: 54129 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stockbridge | 12/30/2011 (Month) (Day) (Year) |
| 5. DOUGLAS COBB | <i>[Signature]</i> | Street: 2218 14. ELMHOLZ ST. City: Appleton WI Zip: 54914 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City APPLETON | 1/13/2012 (Month) (Day) (Year) |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |

Certification of Circulator

I, WENDY ALTHAUS, (certify): I reside at 2917 S KERRA City of Appleton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012 Wendy Althaus
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

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000939

Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|--|------------------------------|---|--|-----------------------------------|---------------------|
| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING | CONTACT INFORMATION |
| 1. Catherine D. Brockman | <i>Catherine D. Brockman</i> | Street: 1580 Calbridge Rd. City: Neenah, WI Zip: 54956 | <input checked="" type="checkbox"/> Town Neenah <input type="checkbox"/> Village <input type="checkbox"/> City | 1/13/2012 (Month) (Day) (Year) | Email Phone () |
| 2. Christina E Weber | <i>Christina E Weber</i> | Street: W6833 Hazelnut Ln City: Appleton Zip: 54915 | <input checked="" type="checkbox"/> Town Harrison <input type="checkbox"/> Village <input type="checkbox"/> City | 1/13/2012 (Month) (Day) (Year) | Email Phone () |
| 3. Margaret S. Potter | <i>Margaret S. Potter</i> | Street: 115 Retlaw Dr City: Neenah, WI Zip: 54956 | <input checked="" type="checkbox"/> Town Neenah <input type="checkbox"/> Village <input type="checkbox"/> City | 1/13/2012 (Month) (Day) (Year) | Email Phone () |
| 4. Josh LaBonte | <i>J LaBonte</i> | Street: 1246 Radcliff Rd City: Neenah Zip: 54956 | <input checked="" type="checkbox"/> Town Neenah <input type="checkbox"/> Village <input type="checkbox"/> City | 1/13/2012 (Month) (Day) (Year) | Email Phone () |
| 5. David Meyer | <i>David Meyer</i> | Street: 2533 Maple Grove Dr City: Neenah WI Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah | 1/13/2012 (Month) (Day) (Year) | Email Phone () |
| 6. Edward Duesing | <i>Edward Duesing</i> | Street: 1255 Irish City: Neenah WI Zip: 54956 | <input checked="" type="checkbox"/> Town Menasha <input type="checkbox"/> Village <input type="checkbox"/> City | 1/13/2012 (Month) (Day) (Year) | Email Phone () |
| 7. Vernon A. Green | <i>Vernon A. Green</i> | Street: 1355 Mulberry Ln City: Neenah WI Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah | 1/13/2012 (Month) (Day) (Year) | Email Phone () |
| 8. Emily K Hoffmann | <i>Emily K Hoffmann</i> | Street: 2958 Guardian Ct City: NEENAH Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CLAYTON | 1/13/2012 (Month) (Day) (Year) | Email Phone () |
| 9. Jonathan Gayhart | <i>Jon Gayhart</i> | Street: 4670 Sportsman Dr City: De Pere WI Zip: WI | <input checked="" type="checkbox"/> Town Ledgerview <input type="checkbox"/> Village <input type="checkbox"/> City | 1/13/2012 (Month) (Day) (Year) | Email Phone () |
| 10. Jamie L. Parma | <i>Opmie J Parma</i> | Street: W6041 Nettie Dr. City: Appleton Zip: 54915 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison | 1/13/2012 (Month) (Day) (Year) | Email Phone () |

Certification of Circulator

I, ANN CATTAN, (certify): I reside at 1135-32 Manor Dr. Neenah
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 2012
(Month) (Day) (Year)

Ann Cattan
(Signature of Circulator)

Page No. (Official Use Only)
000940

Circulators, please provide:
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING | CONTACT INFORMATION |
|---------------------------|--------------------------|---|---|------------------------------------|----------------------------------|
| 1. Kristi Derenne | <i>Kristi Derenne</i> | 4066 Towne Lakes Circle #7308 Street: City: Grand Chute WI Zip: 54913 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand Chute | 11/20/2011 (Month) (Day) (Year) | Email: derennek Phone: (920) |
| 2. Judith M. Doersch | <i>Judith M. Doersch</i> | 4456 W. 4th St. Street: City: Appleton Zip: 54914 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand Chute | 11/22/2011 (Month) (Day) (Year) | Email: jmdoersch Phone: (920) |
| 3. Gertha Leacock | <i>Gertha Leacock</i> | 1799 Alcan Dr #12 Street: City: WI Menasha Zip: 54952 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha | 12/29/2011 (Month) (Day) (Year) | Email: Phone: () |
| 4. Lorraine Berry | <i>Lorraine Berry</i> | 1799 ALCAN DR #11 Street: City: MENASHA Zip: 54952 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha | 12/29/2011 (Month) (Day) (Year) | Email: Phone: () |
| 5. Ann S. Landwehr | <i>Ann S. Landwehr</i> | 1819 Alcan Dr #4 Street: City: Menasha, WI Zip: 54952 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City menasha, WI | 12/29/2011 (Month) (Day) (Year) | Email: Phone: () |
| 6. Linda Kessel | <i>Linda Kessel</i> | 1809 Alcan Dr, #5 Street: City: Menasha Zip: 54952 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menasha | 12/29/2011 (Month) (Day) (Year) | Email: Phone: () |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email: Phone: () |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email: Phone: () |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email: Phone: () |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email: Phone: () |

Certification of Circulator

I, Linda Kessel, (certify): I reside at 1809 Alcan Dr, #5 Menasha
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 29 / 2011
(Month) (Day) (Year)

Linda Kessel
(Signature of Circulator)

000941
(Page No. (Official Use Only))
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(4th) in
Circulators, please
Phone
(920)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
|---------------------------|------------------------|---|--|------------------------------------|
| 1. MARY L JANSSEN | Mary S Jansen | Street: 958 BETTY AVE City: Neenah Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah | 11/22/2011 (Month) (Day) (Year) |
| 2. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 3. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 4. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |

Certification of Circulator

I, Hugh A Sloan Jr, (certify): I reside at 311 East Peckham St Neenah
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given to support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Hugh A Sloan Jr
(Signature of Circulator)

Page No. (Official Use Only)

000942

Circulators, p

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to:
Committee
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| NAME & SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) | DATE OF SIGNING | CONTACT INFORMATION |
|--|---|---|---|--------------------------------------|
| 1. Print: <u>MIKE LANGACKER</u> Sign: <u>Mike Lybe</u> | Street: <u>1222 Antler Ct</u> City: <u>Neenah</u> Zip: <u>54956</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name) | <u>1/13/2012</u> (Month) (Day) (Year) | Email _____ Phone () _____ |
| 2. Print: _____ Sign: _____ | Street: _____ City: _____ Zip: _____ | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name) | <u> </u> / <u> </u> / <u>20 </u> (Month) (Day) (Year) | Email _____ Phone () _____ |
| 3. Print: _____ Sign: _____ | Street: _____ City: _____ Zip: _____ | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name) | <u> </u> / <u> </u> / <u>20 </u> (Month) (Day) (Year) | Email _____ Phone () _____ |
| 4. Print: _____ Sign: _____ | Street: _____ City: _____ Zip: _____ | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name) | <u> </u> / <u> </u> / <u>20 </u> (Month) (Day) (Year) | Email _____ Phone () _____ |
| 5. Print: _____ Sign: _____ | Street: _____ City: _____ Zip: _____ | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name) | <u> </u> / <u> </u> / <u>20 </u> (Month) (Day) (Year) | Email _____ Phone () _____ |

Certification of Circulator

I, Patrick Monroe, (certify) I reside at 212 Riva Ridge Lane
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of Neenah
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(5)(a), Wis. Stats.

11 / 13 / 2012
(Month) (Day) (Year)
[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

000943

Circulators,
Please include your

Phone
(920)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return
Comm
PO Box
Madison

| NAME & SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) | DATE OF SIGNING | |
|---|---|---|---|---------------------|
| 1. Print: <u>Echo Vine</u> Sign: <u>Echo Vine</u> | Street: <u>514 Monroe St.</u> City: <u>Sparta</u> Zip: <u>54656</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sparta</u> (Municipality Name) | <u>12/18/2011</u> (Month) (Day) (Year) | Email Phone (|
| 2. Print: <u>MARY ANNABELLE SHARP</u> Sign: <u>Mary Annabelle Sharp</u> | Street: <u>11246 Havendale Ave</u> City: <u>Sparta</u> Zip: <u>W 13.54656</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ANGELO</u> (Municipality Name) | <u>12/18/2011</u> (Month) (Day) (Year) | Email Phone (|
| 3. Print: _____ Sign: _____ | Street: _____ City: _____ Zip: _____ | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name) | <u>/ / 20</u> (Month) (Day) (Year) | Email Phone (|
| 4. Print: _____ Sign: _____ | Street: _____ City: _____ Zip: _____ | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name) | <u>/ / 20</u> (Month) (Day) (Year) | Email Phone (|
| 5. Print: _____ Sign: _____ | Street: _____ City: _____ Zip: _____ | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name) | <u>/ / 20</u> (Month) (Day) (Year) | Email Phone (|

I, Donna Sharp (certify): I reside at 1257 Acorn Court, Menasha Menasha Town
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Donna Sharp
(Signature of Circulator)

Page No. (Official Use Only)
000944

Circulator:
Please include
Phone
(92)
Email
Shav

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING | Email | Phone |
|---------------------------|------------------------|---|--|----------------------------------|-------|-------|
| 1. Rick Wians | <i>Rick Wians</i> | Street: N9557 Garnet Ct City: Appleton WI Zip: 54915 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison | 1/7/2012 (Month) (Day) (Year) | | |
| 2. Julie Wians | <i>Julie Wians</i> | Street: N9557 Garnet Ct. City: Appleton WI Zip: 54915 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison | 1/7/2012 (Month) (Day) (Year) | | |
| 3. Mille Olson | <i>Mille Olson</i> | Street: 1607 E Glendale St City: Appleton WI Zip: 54911 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Appleton | 1/7/2012 (Month) (Day) (Year) | | |
| 4. Roberta Olson | <i>Roberta Olson</i> | Street: 1607 E Glendale Ave City: Appleton WI Zip: 54911 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 1/7/2012 (Month) (Day) (Year) | | |
| 5. PAUL GENERENI | <i>Paul Genereni</i> | Street: 910 E. SYLVAN AVE City: APPLETON WI Zip: WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City APPLETON | 1/7/2012 (Month) (Day) (Year) | | |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) | | |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) | | |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) | | |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) | | |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) | | |

Certification of Circulator

I, Donna Sharp, (certify): I reside at 1757 Acorn Court, Menasha WI Town of Menasha
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Donna Sharp
(Signature of Circulator)

Page No. (Official Use Only)
033945

Circulator
Ph
Em

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING | |
|---------------------------|------------------------|---|--|-----------------------------------|----------------|
| 1. Stewart Procknow | Stewart Procknow | Street: 620 E. Calumet City: Appleton Zip: 54915 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 1/17/2012 (Month) (Day) (Year) | Email Phone |
| 2. Mary Procknow | Mary C Procknow | Street: 620 E Calumet City: Appleton Zip: 54915 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 1/17/2012 (Month) (Day) (Year) | Email Phone |
| 3. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 4. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) | Email Phone |

Certification of Circulator

I, Donna Sharp, (certify): I reside at 1757 Acorn Court, Menasha WI Town of Menasha
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Donna Sharp
(Signature of Circulator)

Page No. (Official Use Only)
000946

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | | |
|--|------------------------|---|--|----------------------------------|
| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
| 1. Brian McMahon | Brian McMahon | Street: 3700 S. Hampton Ct. City: Appleton, WI Zip: 54915 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 1/7/2012 (Month) (Day) (Year) |
| 2. Kristin Ganske | Kristin Ganske | Street: 183 Forest Dr. City: Sibirski, WI Zip: 54171 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sunice | 1/7/2012 (Month) (Day) (Year) |
| 3. Abundio Hernandez | Abundio Hernandez | Street: 716 MELISSA City: MENASHA Zip: 54952 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menasha | 1/20 (Month) (Day) (Year) |
| 4. Jacqueline Hernandez | Jacqueline Hernandez | Street: 716 MELISSA City: MENASHA Zip: 54952 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menasha | 1/20 (Month) (Day) (Year) |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |

Certification of Circulator

I, Donna Sharp (Name of Circulator), (certify): I reside at 1757 Acorn Court Menasha (Circulator's Residence - Street name and Number), Town of Menasha (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Donna Sharp
(Signature of Circulator)

Page No. 40 (Official Use Only)
000947

Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | | |
|--|------------------------|---|---|------------------------------------|
| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
| 1. L. G. Zornow | <i>[Signature]</i> | Street: 210 Plummer Ave City: Neenah Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah | 11/29/2011 (Month) (Day) (Year) |
| 2. Pam Bero | <i>[Signature]</i> | Street: 1419 W. Franklin St City: Appleton WI Zip: 54914 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 12/1/2011 (Month) (Day) (Year) |
| 3. Julia Coenen | <i>[Signature]</i> | Street: 1426 W. Franklin St City: Appleton WI Zip: 54914 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton | 12/1/2011 (Month) (Day) (Year) |
| 4. Michele (Bogan) Bogan | <i>[Signature]</i> | Street: 335 W Bell St City: Neenah WI Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah | 1/13/2012 (Month) (Day) (Year) |
| 5. MARK A. POTTER | <i>[Signature]</i> | Street: 115 RETLOW PL. City: NEENAH Zip: 54956 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Neenah | 01/13/2012 (Month) (Day) (Year) |
| 6. William J Knauf | <i>[Signature]</i> | Street: 1300 Meadow Lane City: Neenah Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah | 01/13/2012 (Month) (Day) (Year) |
| 7. Dorrie A Hansen | <i>[Signature]</i> | Street: W1354 Cty Rd H11 City: Fremont Zip: 54940 | <input checked="" type="checkbox"/> Town west <input type="checkbox"/> Village Bloomfield <input type="checkbox"/> City | 01/13/2012 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 1/20 (Month) (Day) (Year) |

Certification of Circulator

I, Bonnie Delfosse (Name of Circulator), (certify): I reside at 85 Tayco St (Circulator's Residence - Street name and Number), City of Menasha (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01/13/2012 (Month) (Day) (Year) Bonnie Delfosse (Signature of Circulator)

Page No. (Official Use Only)
000948

Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
|---------------------------|----------------------------|---|--|------------------------------------|
| 1. Margaret A. Johnson | <i>Margaret A. Johnson</i> | Street: 644 Roosevelt St City: Neenah WI Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah | 12/4/2011 (Month) (Day) (Year) |
| 2. FRANK S. JOHNSON | <i>Frank S. Johnson</i> | Street: 644 ROOSEVELT ST. City: NEENAH WIS. Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah | 12/4/2011 (Month) (Day) (Year) |
| 3. Joyce M. Smith | <i>Joyce M. Smith</i> | Street: 1925 Henry City: Neenah Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah | 12/5/2011 (Month) (Day) (Year) |
| 4. JUDITH A. LAYTON | <i>Judith A. Layton</i> | Street: 1427 TOLLAR RD. #7 City: NEENAH Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah | 12/10/2011 (Month) (Day) (Year) |
| 5. Debra D. Lotzer | <i>Debra D. Lotzer</i> | Street: N3873 Anita Wreckert City: Appleton Zip: 54913 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City center | 12/15/2011 (Month) (Day) (Year) |
| 6. Dawn Schutte Jacob | <i>D Schutte</i> | Street: 1168 Higgins Ave City: Neenah WI Zip: 54956 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah | 1/10/2012 (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |

Certification of Circulator

I, Dale A Johnson, (certify): I reside at 644 Roosevelt St Neenah
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Dale A Johnson
(Signature of Circulator)

000949

(Official Use Only)

Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING |
|---------------------------|------------------------|---|--|-----------------------------------|
| 1. Michael Rodtke | <i>[Signature]</i> | Street: 94617 Golden Way City: Appleton Zip: WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison | 12/2/2011 (Month) (Day) (Year) |
| 2. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 3. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 4. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 5. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 6. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 7. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 8. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 9. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |
| 10. | | Street: City: Zip: | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 20 (Month) (Day) (Year) |

Certification of Circulator

I, ANN CATTALU, (certify): I reside at 1135-32 Manor Dr. Neenah
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

1 / 1 / 13 12012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

000050
Page No. (Official Use Only)
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Circulator
Phone
Email